Signature

April 21, 2004

Date

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

<u> </u>						-			
Address to:		Attorney	Docket No.		42525-0955 ·	- K			
Mail Stop Reissue		First Nan	ned Inventor		Surya et al.				
Commissioner for Patent	s		Patent Number		6,477,335				
P.O. Box 1450 Alexandria, VA 22313-145		Patent Issue Date Day/Year)	•	November 5, 2002					
		Express	Mail Label No.		EL776685446US				
APPLICATION FOR REISSUE OF: (Check applicable	Utility Pater	nt	Design Patent		Plant Pate	ent			
APPLICATION ELEMENTS	S (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS							
1. Fee Transmittal Form (PTO/ SB/ 56 (Submit an original, and a duplicate for fee proc	essing)	10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).  Original Patent Grant							
3. Specification and Claims in double of	column copy of patent	Ribboned Original Patent Grant							
format (amended, if appropriate)  Drawing(s) (proposed amendments,	if appropriate)		Statement of Loss (PTO/SB/55)  12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
5. Reissue Oath/Declaration (original of (37 C.F.R. 1.175) (PTO/SB/51 or 5.	or copy)	12.							
6. Power of Attorney		13.	Information D Statement (IE		es of IDS ons				
7. Original U.S. Patent currently <b>Assig</b> (If Yes, check applicable box(es))	ned Yes No	14.	English Translation of Reissue Oath/Declaration (if applicable)						
Written Consent of all Assignees (F	PTO/SB/53)	15. Preliminary Amendment							
37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		16.	16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
8. CD-ROM or CD-R in duplicate, Color large table	mputer Program (Appendix)	17. Other: Copy of Recorded Assignment for							
Nucleotide and/or Amino Acid Sequence S     (if applicable, all of the following are neces)	Submission		USPN 6,477,335 (Reel 011811/						
a. Computer Readable Form (CFR)	ssary)	Frame 0345)							
b. Specification Sequence Listing on: i ☐ CD-ROM (2 copies) or CD-R ii ☐ paper c. ☐ Statements verifying identity of ab									
	18. CORRESPONDEN	CE ADDR	ESS						
Customer Number:	OR Correspondence address below								
Name Albin H. Gess, Esq.									
SNELL & WILMER LI									
Address 1920 Main Street, Suite	1200		Zip Code	92614					
City Irvine	State	CA	Fax		949-955-2507				
Country USA Telephone 949-253-2720									
NAME (Print/Type) Albin H. Gosso	Eso.	Registration	No. (Attorney/Agent)		25,726	1			

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form sand/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/56 (08-03)
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REISSUE APPLICATION FEE TRANSMITTAL FORM									Docket Number (Optional) 42525-0955					
Claims as Filed – Part 1   (1)   (2)   (3)   Small Entity										Other than a Sm	nall Entity			
(1) (2) Claims Number File in Reissue Patent Applicatio		ber Filed in Reissue	Number Extr		3	Rate		Fee			Rate	Fee		
Total Claims (37 CFR 1.16(j))		(A) 10	(B)	20	***	10	=	×\$		90			x \$=	
Independent claims (37 CFR 1.16(i))		(C) 4	(D)	7	<u>  •</u>	3 ;	3	x \$ <u>43</u> =		129		or	×\$=	
	Basic Fee (37 CFR 1.16(h)) §385							\$						
				Total Filing F	Fee \$ <u>604.00</u>			.00		OR	\$			
Claims as Amended – Part 2														
(1)				(2)				Small Entity		Other than a S		Small Entity		
Claims Remaining After Amendment			Highest Number Previously Paid For		С	Extra Rate Claims Present			Fee		Rate	Fee		
Total Claims (37 CFR 1.16(j))	***			мімиѕ	**		* = ,		×\$_	=			x \$ =	
Independent Claims (37 CFR 1.16(i))	***			MINUS	****		=		x\$_	=			× \$=	
							Total Additional Fee \$				\$		OR	\$
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.														
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.														
*** After any cancellation of claims.														
**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).														
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).														
Applicant claims small entity status. See 37 CFR 1.27.														
Please charge Deposit Account Number 19-2814 in the amount of 604.00 .  A duplicate copy of this sheet is enclosed.														
The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 19-2814  A duplicate copy of this sheet is enclosed.														
A check in the amount of \$ to cover the filing/additional fee is enclosed.														
Payment by credit card. Form PTO-2038 is attached.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.														
Арі	ril 21,	2004								(	m	ليدو		
Date							Signature of Applicant, Attorney or Agent of Record							
25,726						Albin H. Gess								
Registration Number, if applicable Typed or printed name														

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.